

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10/17/03.

I. DISPUTE

Whether there should be additional reimbursement for L0430 and 97500.

II. FINDINGS

The respondent reduced payment for L0430 based on “M-No MAR” and for 97500 based on “790 F This charge was reduced in accordance to the Texas Medical Fee Guideline”.

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
10/18/02	L0430	\$1800.00	\$1579.00	M	DOP	The 1996 MFG General Instructions GR III Durable Medical Equipment GR VIII & IX Section 413.011 (b)	The requestor did not provide redacted EOBs from insurance carriers to support amount billed is fair and reasonable. The requestor did not support a need for a change in the reimbursement. Additional reimbursement is not recommended.
10/18/02	97500	\$100.00	\$48.00	F	\$24.00	The 1996 MFG General Instructions GR VI	This MAR for this CPT code is \$24.00 for the initial 30 minutes of each visit. The requestor billed \$100.00 for 2 units on the same date of service. The respondent reimbursed 2 units at \$48.00. Additional reimbursement is not recommended.
Totals		\$1900.00	\$1627.00				The Requestor is not entitled to reimbursement.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings and Decision is hereby issued this 28th day of May 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

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